

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17337**  
 Registrar's No. **91**

FILED JUN 15 1953

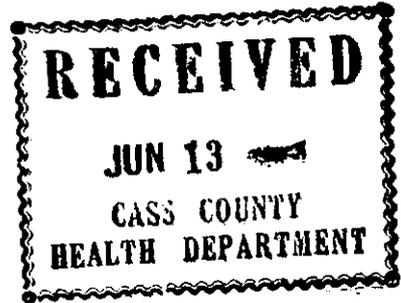
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5224**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Cass</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harrison Twp 2 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harrison Twp - 2 hrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>On Long farm white box</b>			d. STREET ADDRESS (If rural, give location) <b>1 1/2 mi E of Harrisonville</b>		
3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) <b>LESLIE</b> c. (Last) <b>EASTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 8 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 4 1891</b>	9. AGE (in years last birthday) <b>62</b>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work. None during most of working life given if retired) <b>Farmer &amp; Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cass Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Easter</b>		13b. MOTHER'S MAIDEN NAME <b>Mathie Owens</b>	
13c. NAME OF HUSBAND OR WIFE <b>Nellie Olive Easter</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-14-1540</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Leslie K. Easter</b>		17. ADDRESS <b>Savannah</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary occlusion Instant</b>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9 45</b> <b>Over.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>F. V. Murray M.D.</b> (Degree or title)			23b. ADDRESS <b>Pleasant Hill, Mo.</b>		23c. DATE SIGNED <b>June 9 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>June 10 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Quinn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>10-10-1953 Dora Barwood</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rummenburg</b>		ADDRESS <b>Harrisonville Mo</b>	

JAN 22 1958



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James R. Phillips  
Licensed Embalmer No. 4641

P. O. Address Harrisonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.